PTO/SB/17 (09-11)

Approved for use through 01/31/2014. OMB 0651-0032

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ADEMIA					4 :516		
			4		lete if Known		
FEE TRANSMITTAL			Application Number 09/731,				
			Filing Date December 8			<u> </u>	
			First Named Inv				
Applicant claims small entit	y status. See	37 CFR 1.27	Examiner Name	- 0	T. Nguyen		
TOTAL AMOUNT OF PAYMENT	1	1,080.00	Art Unit	2177			
TOTAL AMOUNT OF PATIMENT	Attorney Docker	No. A0839	A0839-US-NP				
METHOD OF PAYMENT (ch	eck all that a	apply)					
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 240037 Deposit Account Name: Xerox Corporation							
For the above-identified d	eposit accour	nt, the Director is he	reby authorized to	: (check all that	apply)		
Charge fee(s) indic	ated below		Charg	e fee(s) indicat	ed below, exce	pt for the filing fee	
Charge any addition		underpayments of fe	ee(s) Credit	any overpaym	ents		
under 37 CFR 1.16 WARNING: Information on this form	and 1.17 may become	public. Credit card in	<u></u>			vide credit card	
information and authorization on PT	O-2038.	·		··			
FEE CALCULATION							
1. BASIC FILING, SEARCH,	AND EXAM	INATION FEES					
FI	LING FEES Small E		RCH FEES Small Entity	EXAMINATI Sm	ION FEES nall Entity		
Application Type Fee	9 (\$) Fee				Fee (\$)	Fees Paid (\$)	
Utility 38	30 190	620	310	250	125		
Design 25	50 125	120	60	160	80		
Plant 25	50 125	380	190	200	100		
Reissue 38	30 190	620	310	750	375		
Provisional 25	50 125	0	0	0	0		
2. EXCESS CLAIM FEES							
Fee Description Each claim over 20 (included)	ling Reissu	es)			60	Fee (\$) 30	
Each independent claim ov			250	125			
Multiple dependent claims					450	225	
· · · · · · · · · · · · · · · · · · ·			e Paid (\$)		<u>Multiple Depe</u>	endent Claims	
- 20 or HP =	x				<u>Fee (\$)</u>	Fee Paid (\$)	
HP = highest number of total claims Indep. Claims Extra	s paid for, if gre a Claims		e Paid (\$)				
3 or HP =	x	=					
nr - nignest number of independent daims paid for, if greater than 5.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)							
Other (e.g., late filing surcharge): RCE Filing fee: \$930,00; Extension of Time (One-Month): 150,00 1,080.00							
SUBMITTED BY	$\overline{}$		Registration No.	50.504	Telephone	000 004 0000	
ignature		<u>-</u>	(Attorney/Agent)	59,594		200-001-0000	
lame (Print/Type) Krista A Wittm	an				I Date Nove	ember 28, 2011	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (09-11)

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					9/731,912			
FEE TRANSMITTAL		Filing Date		December 8, 2000				
		First Named		ric A. Bier				
				Examiner Na		Chau T. Nguyen		
Applicant claims small entity status. See 37 CFR 1.27			Art Unit		2177			
TOTAL AMOL	INT OF PAYMENT	(\$)	1,080.00	Attorney Doc	ket No.	0839-US-NP		
METHOD OF	PAYMENT (chec	k all that ap	pply)					
Check Credit Card Money Order None Other (please identify):								
Deposit A	Account Deposit Ac	count Number	240037	Deposit	Account Nam	ne: Xerox Corr	poration	
For the	above-identified dep	osit account,	the Director is he	ereby authorized	to: (check a	II that apply)		
V	Charge fee(s) indicate	ed below		Пcha	arge fee(s) ir	ndicated below. e	except for the filing fee	
	Charge any additiona	l fee(s) or un	derpayments of f		dit any oven			
ں لگ WARNING: Infon	nder 37 CFR 1.16 a mation on this form m authorization on PTO-	nd 1.17 ay become pu			•		Provide credit card	
FEE CALCU				-"				
1. BASIC FIL	ING, SEARCH, A	ND EXAMIN	NATION FEES		***			
	FILI	NG FEES		RCH FEES		NATION FEES		
<u>Application</u>	Type Fee (Small Ent		Small Entity 5) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fees Paid (\$)	
Utility	380	190	620	310	250	125		
Design	250	125	120	60	160	80		
Plant	250	125	380	190	200	100		
Reissue	380	190	620	310	750	375		
Provisional	250	125	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Small Entity Fee (\$) 60 30								
	endent claim over					250	125	
-	ependent claims					450	225	
Total Claims	Extra C		<u>Fee (\$) </u>	e Paid (\$)			Dependent Claims	
	20 or HP = umber of total claims pa	X id for, if greate	r than 20.			Fee (\$)	Fee Paid (\$)	
Indep. Claims		laims	Fee (\$) Fee	Paid (\$)	·			
3 or HP =x = HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$310 (\$155 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = /50 = (round up to a whole number) x =								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)								
Other (e.g., late filing surcharge): RCE Filing fee: \$930.00: Extension of Time (One-Month): 150.00 1,080.00								
SUBMITTED BY , /								
ignature	(Dat MI)			Registration No. (Attorney/Agent)	59,594	Telepho	one 206-381-3900	

SUBMITTED BY	. /		
Signature	(IN)ZO	Registration No. (Attorney/Agent) 59,594	Telephone 206-381-3900
Name (Print/Type)	Krista A. Wittman		Date November 28, 2011

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Doc Code: TRAN.LET Document Description: Trans		The state of the s	Patent and 1	PTO/SB/21 (07-09) Approved for use through 07/31/2012. OMB 0651-0031 Trademark Office; U.S. DEPARTMENT OF COMMERCE			
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		Filing Date	09/731,9	12			
	TRANSMITTAL			December 8, 2000			
FORM		First Named Inventor Art Unit	Eric A. Bier				
				2177			
(to be used for all correspondence at	Examiner Name	Chau T. N	lguyen				
Total Number of Pages in This Submi	Attorney Docket Number	A0839-US	A0839-US-NP				
	ENC	LOSURES (Check &	ii that appi				
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration Extension of Time Request Express Abandonment Requ Information Disclosure State Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Par	(s)	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on 0 rks	Address	After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Request for Continued Examination Postcard			
Firm Name Cascadia Intellect Signature Printed name	SIGNATURE C	OF APPLICANT, ATT	ORNEY, (DR AGENT			
Krista A. Wittman			Reg. No.	T-0-504			
November 28, 20	11		. 109. 110.	59,594			

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Laxisse Pigott

Typed or printed name Larissa V. Pigott

Date November 28, 2011

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